## SUMMARY FORM

## COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Deta	ails Carneys Point To	washin				Salam	
Public Employer:						County: Salem	
Employee Organization	Teamsters Local				Employees In Unit: 14		
Base Year Contract Term:	1/1/2010	12/31/2011	New Con	New Contract Term 1/1/2012		12/31/2015	
Type of Settlement:	☐ Mediated Sett	lement 🔲 F	act-Finder Recomme	endation 🗸	Voluntary Settler	nent 🔲 Super	Conciliation
		Column A Base Year - Total Costs (Last Year of Provious agreement)		Column B New Base Year - Total Costs (First Year of Successor agreement)			
ection II: Economic							
item 1 Sal	ary		\$523,661		\$528,898		
Item 2 Inci	remenl	_					
llem 3 Lon	gevity	*****	\$9,794		\$9,889	\$9,889	
Item 4 Main	itenance Stipend	_	\$0		\$4,900		ĺ
llem 5							l
llem 6		_					ĺ
Item 7							
ttem 8		_					
llem 9							
llem 10							
llem 11							
lem 12							İ
Any additional flores tist on expansis sh	wet	Additional Rems					Í
ction III; Totals - Sum of costs in each column			\$533,455		\$543,687		
			(	Total)		(Total)	
ection IV: Analysis of new success			NEWAGRE	EMENT ANALYSIS			
Total Base Year(previous agreement)			ILLII NOILE	EMERT PAINE 10/0			
the pass temperature agreement	\$533,455	_					
Effective Date (m/d/yyyy)		1/1/2012	1/1/2013	1/1/2014	1/1/2015		
Percent Increase	,,	1.00	1.00	1.00	1.00		
folal cost of increase		\$10,232	\$5,437	\$5,491	\$5,546		
'otal base salary (successor agreemen	9	\$543,687	\$549,124	\$554,615	\$560,161	-	
ction V: Impact of Settlem	ent + average annual	increase over term of an	vernent	<del></del>			
'ercentage krepact (average per year o							
Dollar læpact (average per year over le	ma ol soccensenti	\$6,676.50					
		\$0,070.30					
ction Vi							
Health Insurance findicale costs associ	ated on each fire)						
		Base Year	Year f				
Cost of Health Plan		\$263,444	\$263,444	\$263,444	\$263,444	\$263,444	
imployee Contributions		\$19,633	\$19,633	\$19,633	\$19,633	\$19,633	
rescription							
ental							
ision					-		
The undersigned certifies th	ast the foregoing flow	rae ara frae and in ourse	o that if some of the i	loronnina itome am Folos	elha je zuhlani in	nunlement	
	at the roregoing light	एउ वाच रायण साम्य १५ संस्था	v mar n any or are i	rare granty nomes are talse	, sare is subject to	punsment.	
ction VII	743. T			T-1	Трарончон		
repared by:	Linda Jor			Title.	Treasurer		
	N.	Print Name			6110100-		
		Signature	nes	Date:	6/18/2015		-
		Signature					